

Name
in
Full

Francis E Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Man</i> ^{Town} <i>middle town</i> ^{County} <i>Fredenick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>67</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Fredenick Co Md</i>
Occupation <i>Painter</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lydia Smith</i>		
Father's Name <i>John Alexander</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Beckenbaugh</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John Alexander</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>9 days</i>
Immediate <i>Paralysis</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edw Beckley</i>
	Address <i>middle town Md</i>
Accident or Suicide?	



Name
In
Full

George Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

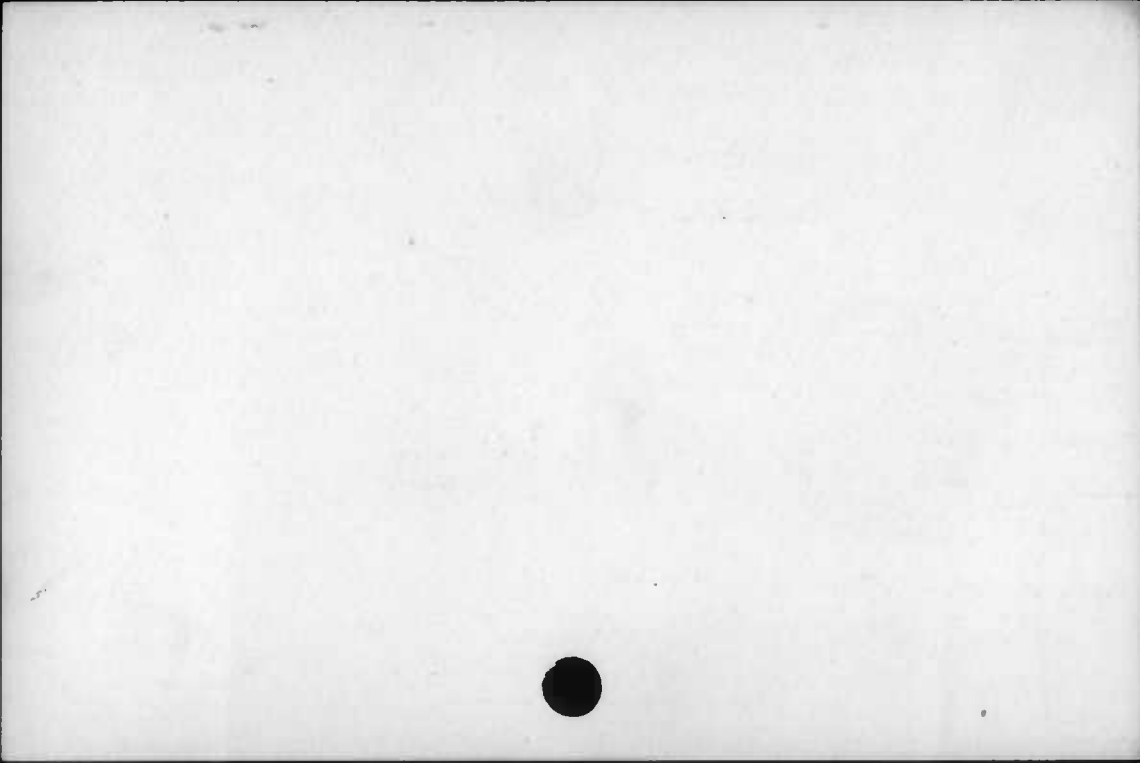
Died at <i>Calverton</i> <small>Town</small>		<i>Thurmont</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>30</i>	Age <i>80</i>	Months <i>0</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>retired farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie Baker</i>				
Father's Name <i>Geo Baker</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Dorothy Walters</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Mrs. Annie Baker</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>5 yrs.</i>
Immediate <i>Heart failure</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Brief</i>
	Address <i>Thurmont Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Dyout J. M. Balli

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Baltimore County Frederick **MARYLAND**

Died at Baltimore

Date of death 190 d Month Apr. Day 3 Age — Years Months 1 Days

Sex male Color or Race white Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Stephen Matthew Ball Father's Birthplace Yenn.

Mother's Maiden Name Sarah Louise White Mother's Birthplace md

Name of person giving Information Stephen M. Ball How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Enteric How long 10 days

Immediate Cerebral Overextension How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Leon Hunt

Address Baltimore

Accident or Suicide Frederick Co



Name
in
Full

Ann Rebecca Bohn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Mr.</i> <small>Month</small>	<i>2</i> <small>Day</small>	<i>66</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Emanuel S. Bohn</i>					
Father's Name <i>John Williams</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary J. Eckersode</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Murray Bohn</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

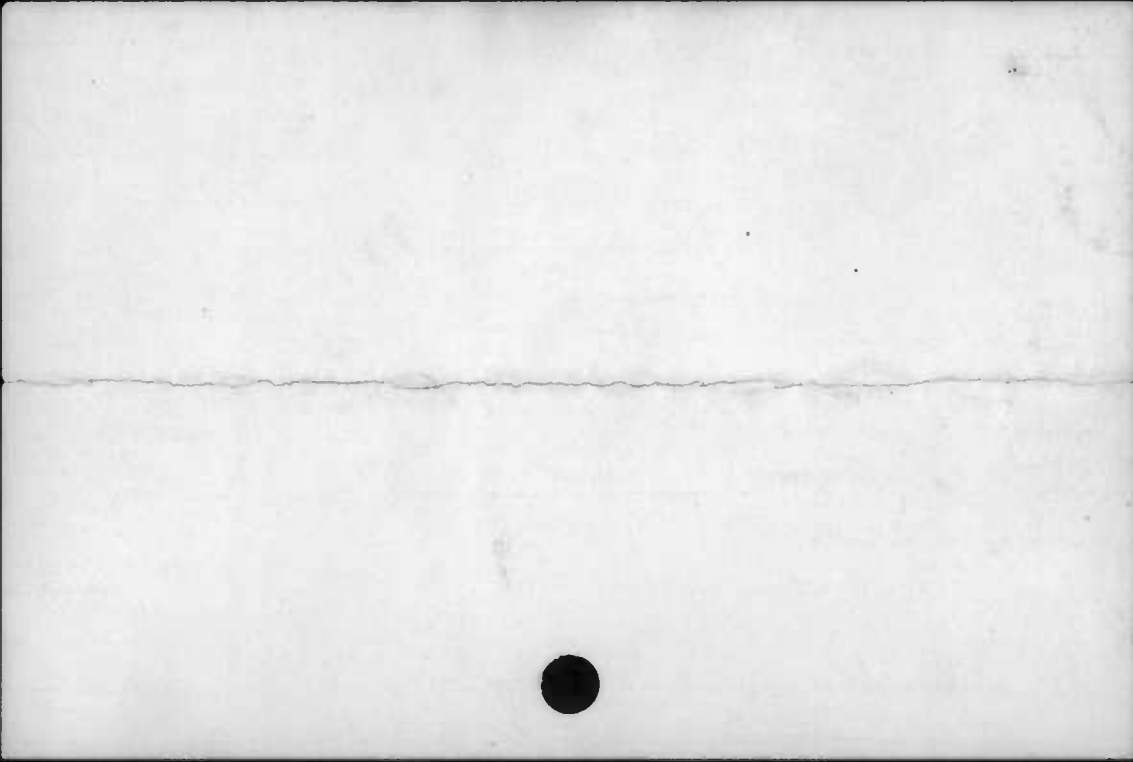
177

PHYSICIAN
OR CORONER

Primary <i>Anaemia</i> <i>Anasarca</i> <i>acompatible condition ending</i>	<i>about 5 yrs</i>
Immediate <i>in heart failure</i>	<i>2 yrs</i> <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>F. H. Sidwell</i>
	Address <i>Johnsville, Md.</i>
Accident or Suicide?	



Name in Full		Isaac R. Bostian,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Good-Intent		County Frederick		MARYLAND	
	Date of death	1908	Month Nov.	Day 30 th	Age 4	Years 1	Months 3
	Sex	male		Color or Race	White		Birth-place
	Occupation	none		Where Residing if not at place of death	above		
	Married, Single or Widowed	—		Name of Wife or Husband	—		
	Father's Name	Isaac L. Bostian				Father's Birthplace	near Mt. Pleasant Hill
PHYSICIAN OR CORONER	Mother's Maiden Name	Gertrude Hildebrand				Mother's Birthplace	same as above
	Name of person giving information	Rubin S. Bostian				How related to deceased	Uncle
	<div>CAUSES OF DEATH</div> <div>157</div>						
PHYSICIAN OR CORONER	Primary	atelectasis				How long	3 days
	Immediate	atelectasis				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	R. L. Hammond.	
	Accident or Suicide?		no.		Address	Woodstock, Md.	



Name
in
Full

Sophia E Bowles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

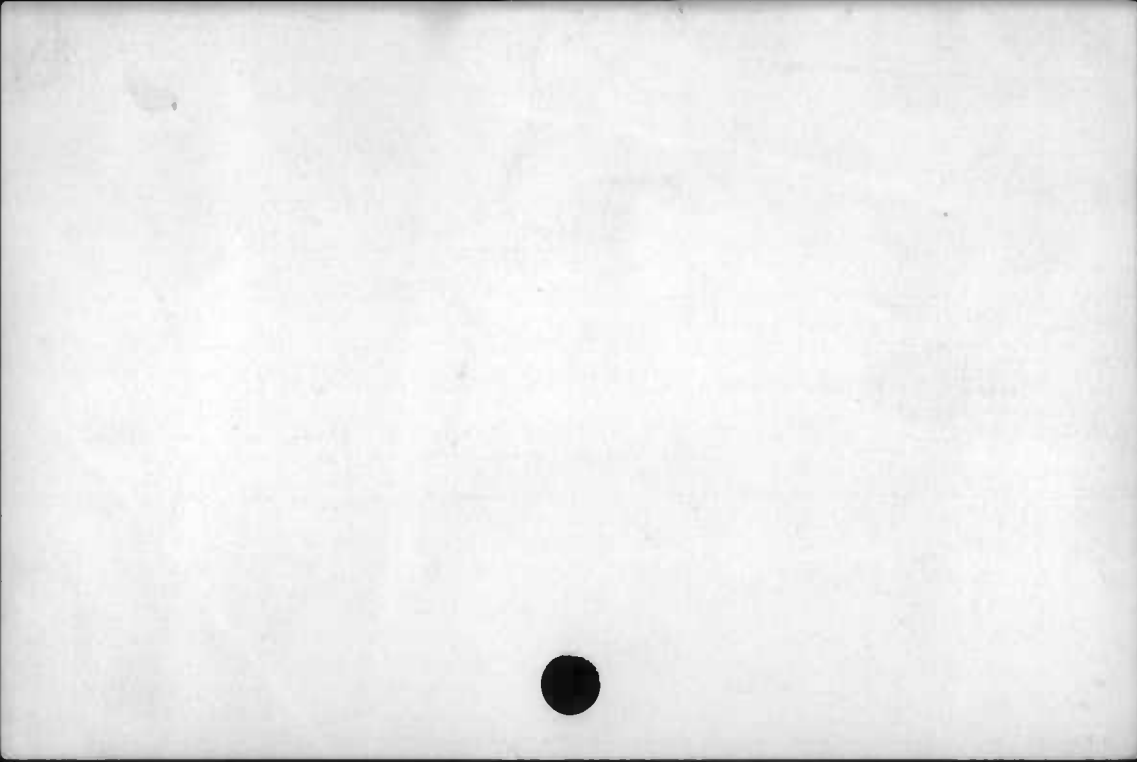
Died at ^{Town} <i>Middleton</i> ^{County} <i>Fredrick</i>		MARYLAND	
Date of death	1908	Month	8
Day	8	Age	51
Years	1	Months	4
Sex	<i>female</i>	Color or Race	<i>White</i>
Birth-place	<i>Ind</i>	Occupation	<i>none</i>
Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	
Father's Name	<i>Asa Bowles</i>	Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Sarah Shafer</i>	Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Edna Bowles</i>	How related to deceased	<i>Bro</i>

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Pentonic</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edw. L. Bowles</i>
		Address	<i>Middleton</i>
			<i>Ind</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Annie Mary Bready

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Adamsloam ^{Town} Pridench ^{County}

Date of death 1908 ^{Month} Nov. ^{Day} 11th ^{Years} 5-8 ^{Months} 1 ^{Days} 22

Sex Female Color or Race White Birth-place Maryland

Occupation House-work Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband C. Edward Bready

Father's Name Benjamin Lamar Father's Birthplace Md

Mother's Maiden Name Annie Mary Lamar Mother's Birthplace Md

Name of person giving information Beniah Bready How related to deceased daughters

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Chronic Catarrhal Enteritis How long 6 mo

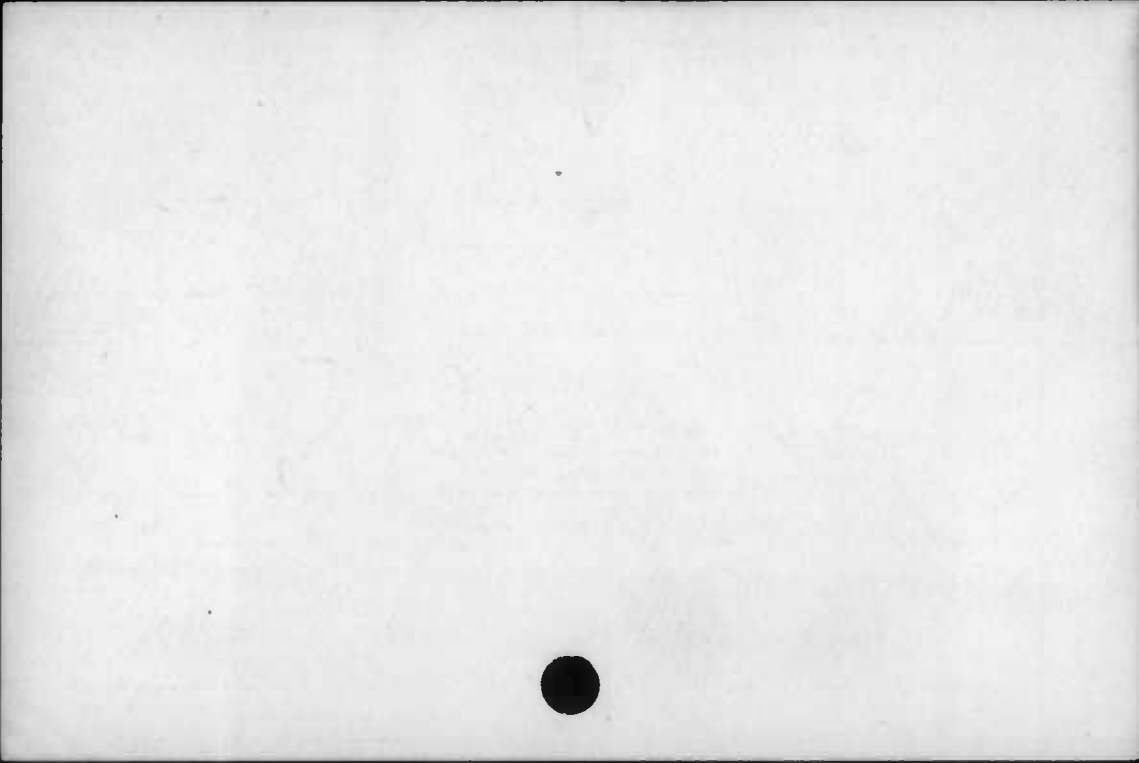
Immediate Paralysis How long 12 hours

Are the name, age, sex, color, date and place correctly given above? X

Signature of Physician Joseph Thomas

Address Adamsloam, Md.

Accident or Suicide? —



Name
in
Full

Martha Breunman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

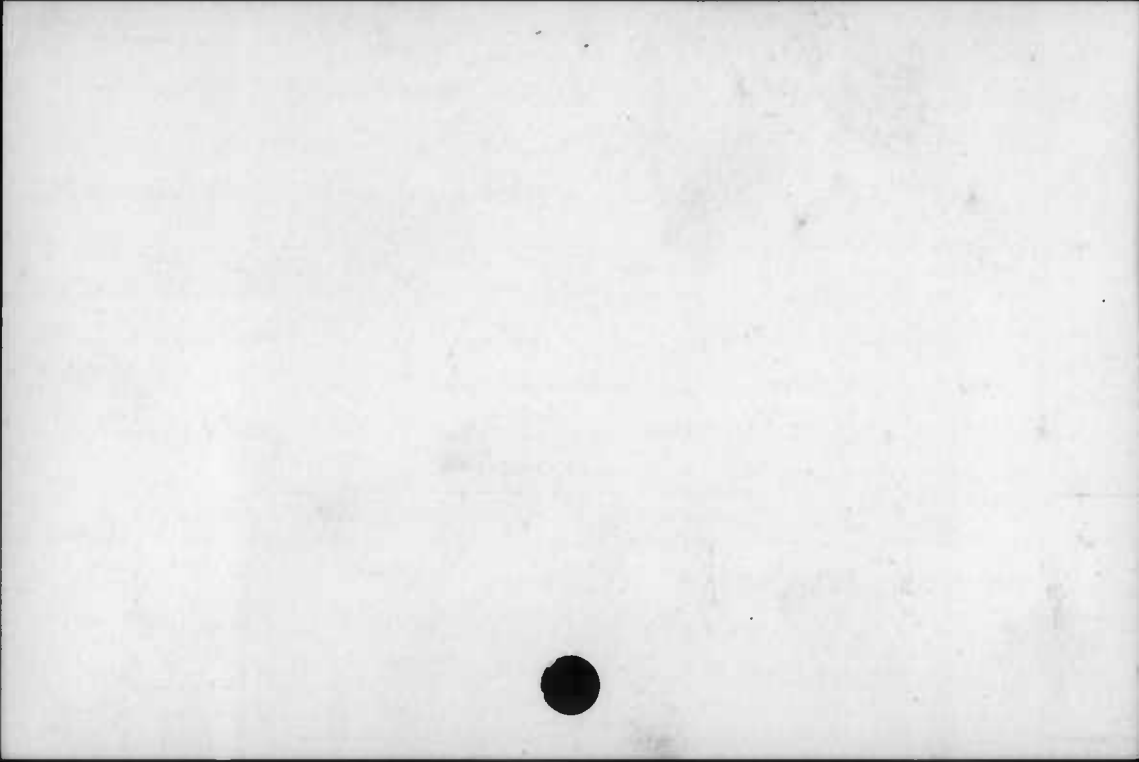
Died at <i>Emmitsburg</i> ^{Town}			<i>Frederick</i> ^{County}		
Date of death	1908	Month <i>Nov</i>	Day <i>1</i>	Age	<i>26</i> Years
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Sister of a religious</i>		Where Residing if not at place of death	<i>7</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Peter Breunman</i>			Father's Birthplace	<i>New York</i>
Mother's Maiden Name	<i>Martha Walsh</i>			Mother's Birthplace	<i>New York</i>
Name of person giving information	<i>A Bernadine Orendorf</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulmonalis</i>	How long	<i>one year</i>
Immediate	<i>Inanition and Diarrhea</i>	How long	<i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. B. Brawner, M.D.</i>	
		Address <i>Emmitsburg</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

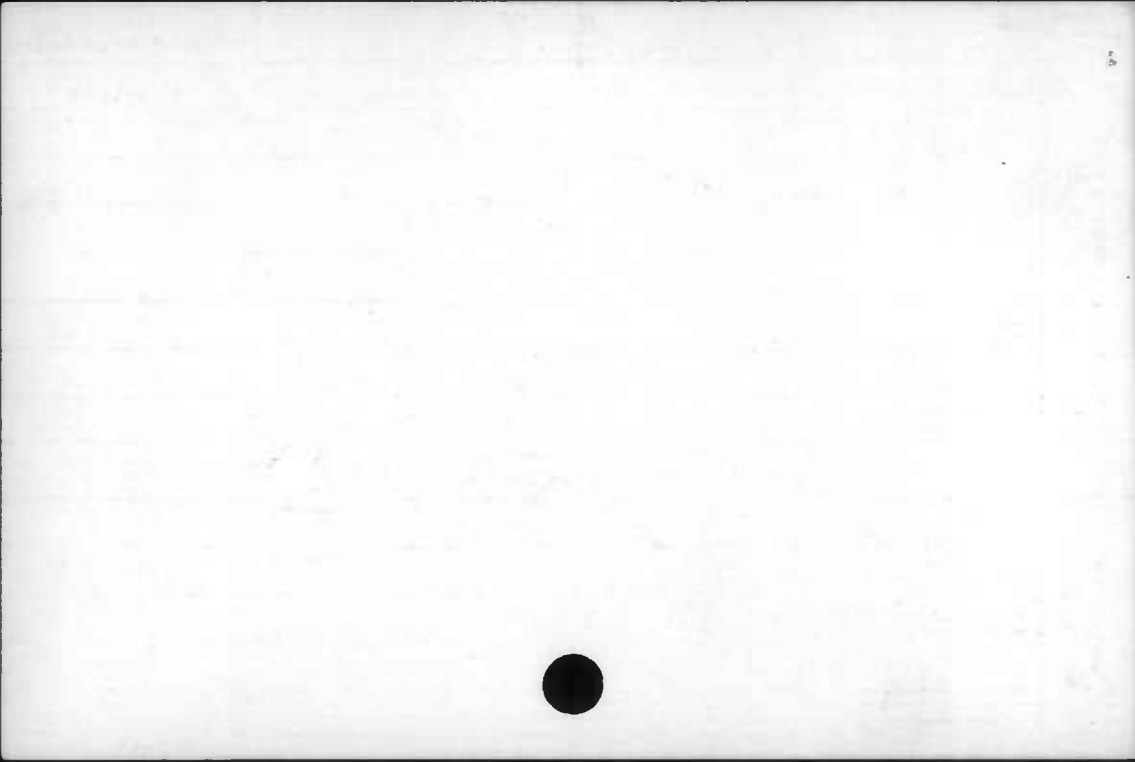
Died at <i>Petersville</i>		Town		<i>Fredrick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>5</i>		Age <i>50</i>		Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Coatesville</i>		Months		Days	
Occupation <i>Laborer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Elizabeth Simms</i>							
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>							
Mother's Maiden Name <i>Lebia Robinson</i>		Mother's Birthplace <i>Coatesville</i>							
Name of person giving Information <i>William Allen</i>		How related to deceased <i>Not Related</i>							

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>Dropped dead</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Sam'l Clayton</i>	
<i>Yes</i>		Address <i>Petersville</i>	
Accident or Suicide		<i>L. red Co</i>	



Name
in
Full

Priscilla C. Brust

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Frederick* ^{County} *Frederick* **MARYLAND**

Date of death *1908 Nov. 1st* Age *42* *5* Months *5* Days *—*

Sex *Female* Color or Race *White* Birth-place *Frederick*

Occupation *A Tr.* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Chas. L. Brust*

Father's Name *Geo. H. Reil* Father's Birthplace *Frederick*

Mother's Maiden Name *Catharine Stone* Mother's Birthplace *Frederick*

Name of person giving information *Chas. L. Brust* How related to deceased *Bro*

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary *Cholecystitis* How long *Two weeks*

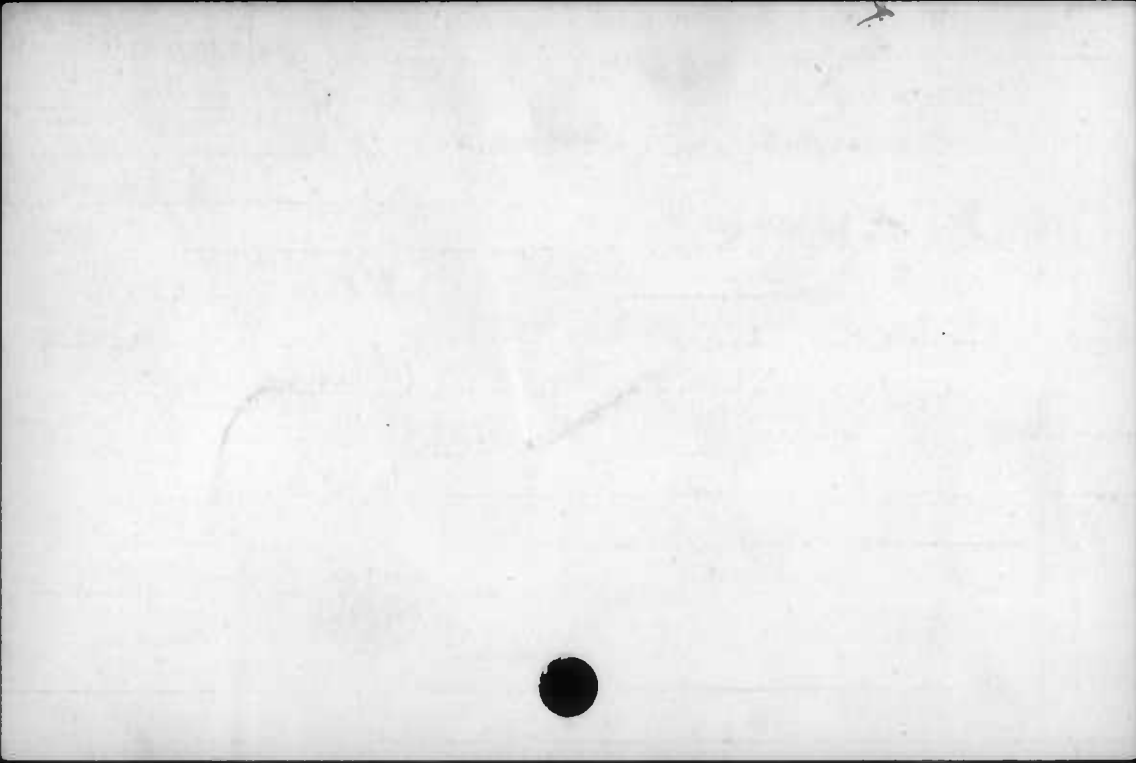
Immediate *Peritonitis* How long *Four days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *T. B. Johnson*

Address *Frederick, Md.*

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lilly M. Clowden* County *Fred.* MARYLAND

Died at *Burkittsville* Town *Fred.*

Date of death *1908* Month *Nov.* Day *14* Age *31* Years Months *10* Days *8*

Sex *Female* Color or Race *colored* Birth-place *Fred. Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John C. Clowden*

Father's Name *John Johnson* Father's Birthplace *Fred. Co.*

Mother's Maiden Name *Eliya Ann Johnson* Mother's Birthplace *Fred. Co.*

Name of person giving information *Henson Evans* How related to deceased *none*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

attempted abortion - self induced

Primary *Peritonitis* How long *5 days*

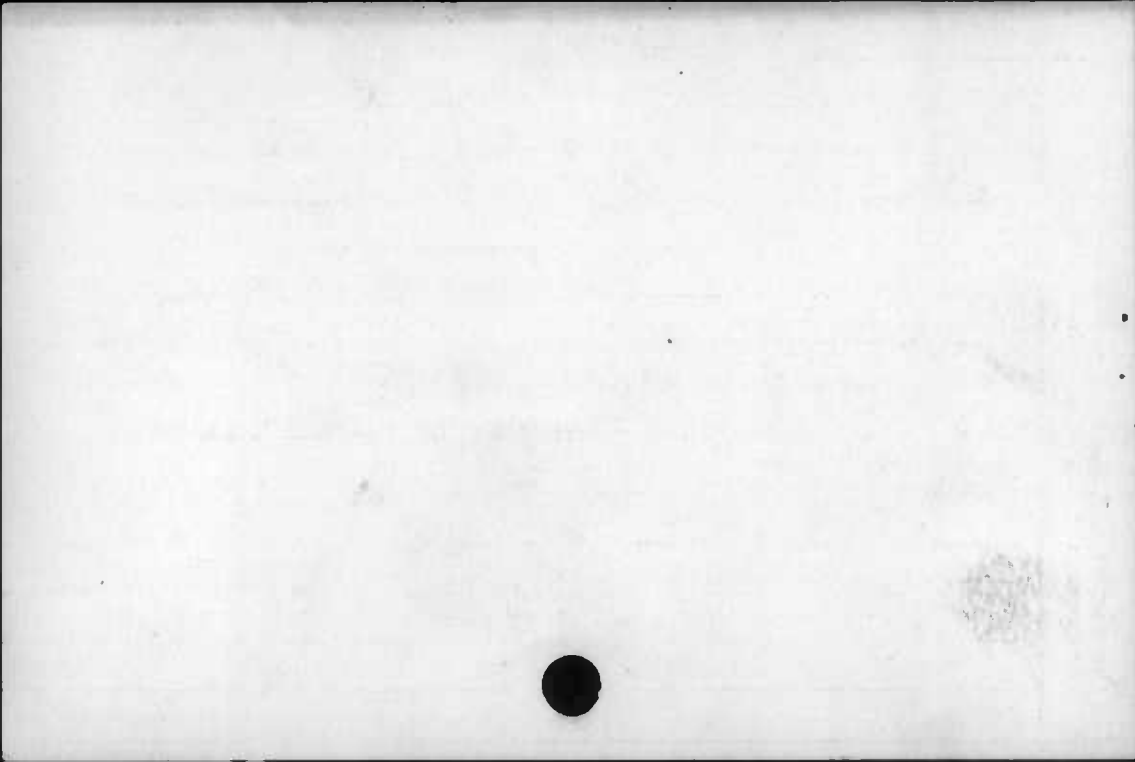
Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. S. Spence M.D.*

Address *Burkittsville*

Accident or Suicide?



Name
in
Full

Eugenia Dorsey No. 21

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neh Market</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>7</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Unionville</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married Single		Name of Wife or Husband					
Father's Name <i>Clagett W. Dorsey</i>		Father's Birthplace <i>Unionville</i>					
Mother's Maiden Name <i>Julia Ann Garner</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Julia A. Dorsey</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

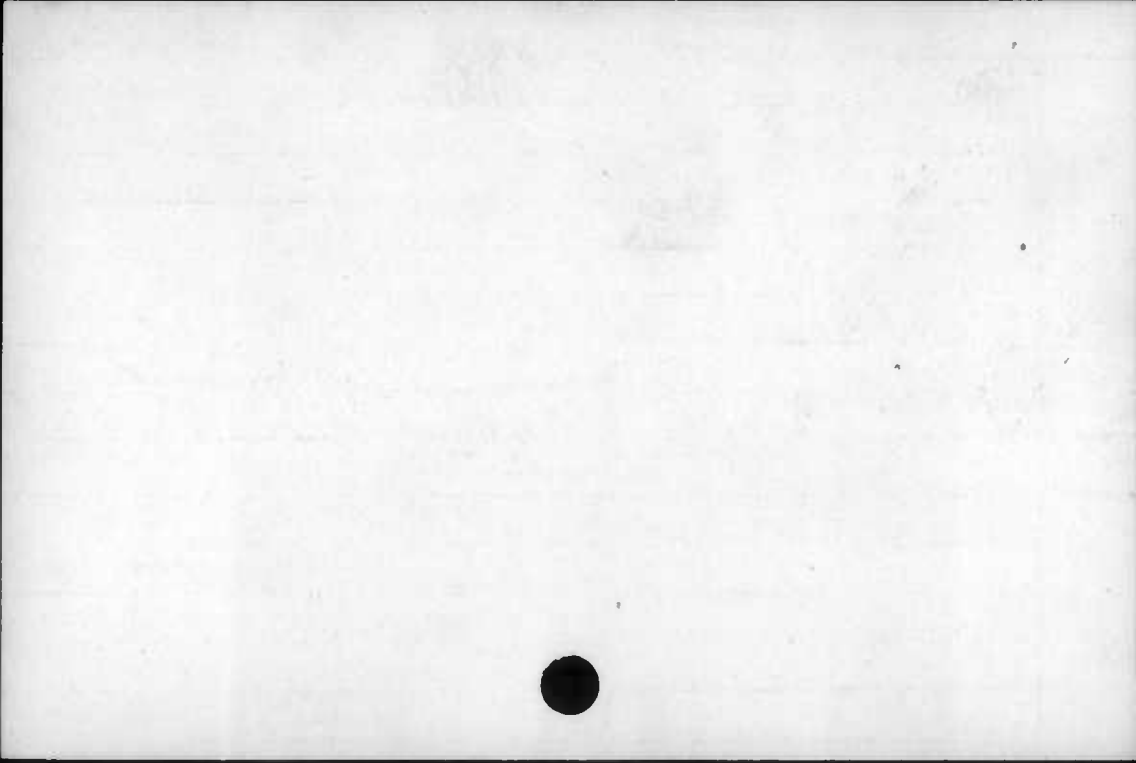
80

PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long	<i>Suddenly</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. J. Dorsey, M.D.</i>	
		Address <i>Unionville</i>	
		<i>MD</i>	
Accident or Suicide?			



Name in Full		Ralph Gross Evans				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mount Vernon Hospital		County Frederick		MARYLAND
	Date of death	1908	Month Nov	Day 2	Age 7	Years	Months Days
	Sex	Male		Color or Race	Black		Birth-place Md
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband X			
	Father's Name	Henry Evans				Father's Birthplace	Md
	Mother's Maiden Name	Josephine Gross				Mother's Birthplace	Md
	Name of person giving information	Josephine Gross				How related to deceased	Son
CAUSES OF DEATH							28
PHYSICIAN OR CORONER	Primary	Tubercular Meningitis				How long	Indefinite
	Immediate	Convulsions				How long	Several hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. G. Brown M.D.		
					Address Frederick, Md.		
	Accident or Suicide?		yes				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas W. Eyer* Town *Fredricksburg* County *Fredricksburg* MARYLAND
Died at *Fredricksburg*
Date of death 190*8* Month *Nov* Day *11* Age *56* Months *1* Days *20*
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Stone Cutter* Where Residing if not at place of death *—*
Married, Single or Widowed *Married* Name of Wife or Husband *Mollie Eyster*
Father's Name *Peter Eyer* Father's Birthplace *MD*
Mother's Maiden Name *Mary A. Eyer* Mother's Birthplace *MD*
Name of person giving Information *Mollie Eyster* How related to deceased *Wife*

CAUSES OF DEATH

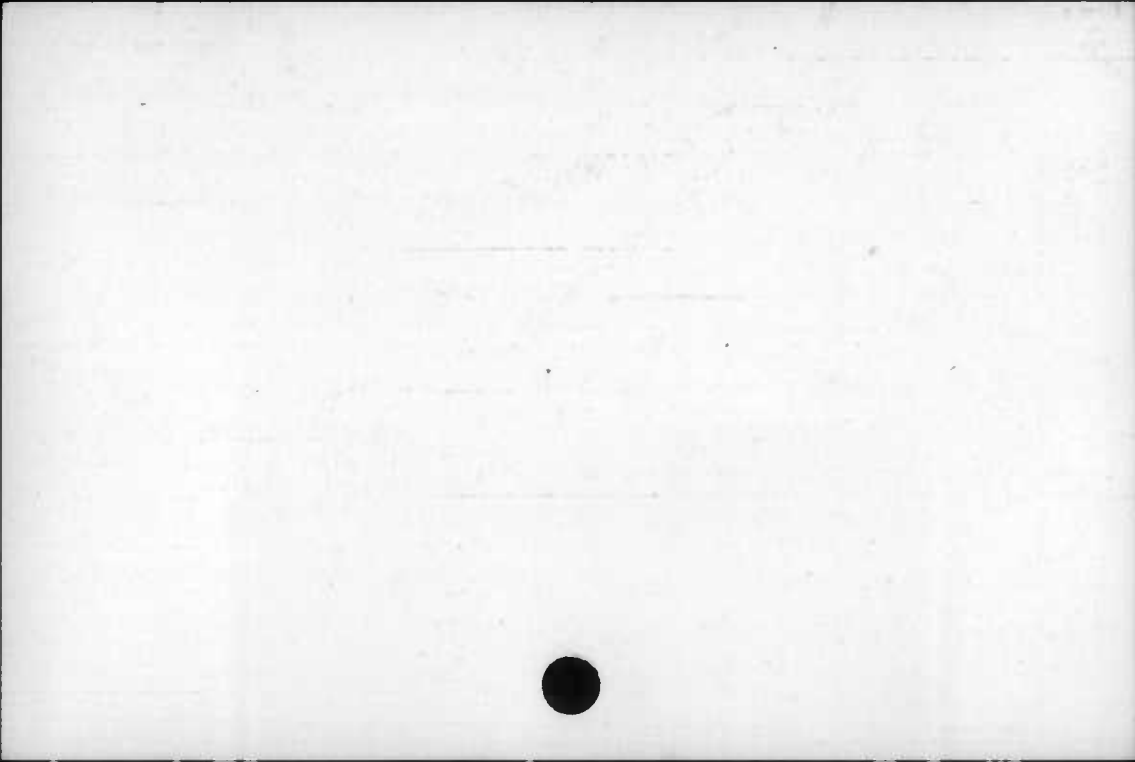
PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *15 days -*
Immediate *Abdominal (Septicemia)* How long *24 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *W. J. McCready*
Address *[Redacted]*

Accident or Suicide



Name in Full John H. Fogle		TOWN Johnsville		COUNTY Fredenick		CERTIFICATE OF DEATH	
Died at		Date of death 1908		Month Nov.		Day 2	
Age 70		Years 6		Months 10		Days	
Sex Male		Color or Race White		Birth-place Fredenick Co		MARYLAND	
Occupation Laborn		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Sarah A. Johnson					
Father's Name Jacob Fogle		Father's Birthplace Fredenick Co					
Mother's Maiden Name Sydia Coppersmith		Mother's Birthplace Carroll Co					
Name of person giving information Samuel Fogle		How related to deceased Son					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		123			
Primary Chronic Cystitis		How long 8 yrs.					
Immediate Exhaustion		How long 7 days					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm B. Stone					
		Address Liberty town					
		Fredenick Co					
Accident or Suicide?							



Name
in
Full

Maurice E Fogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

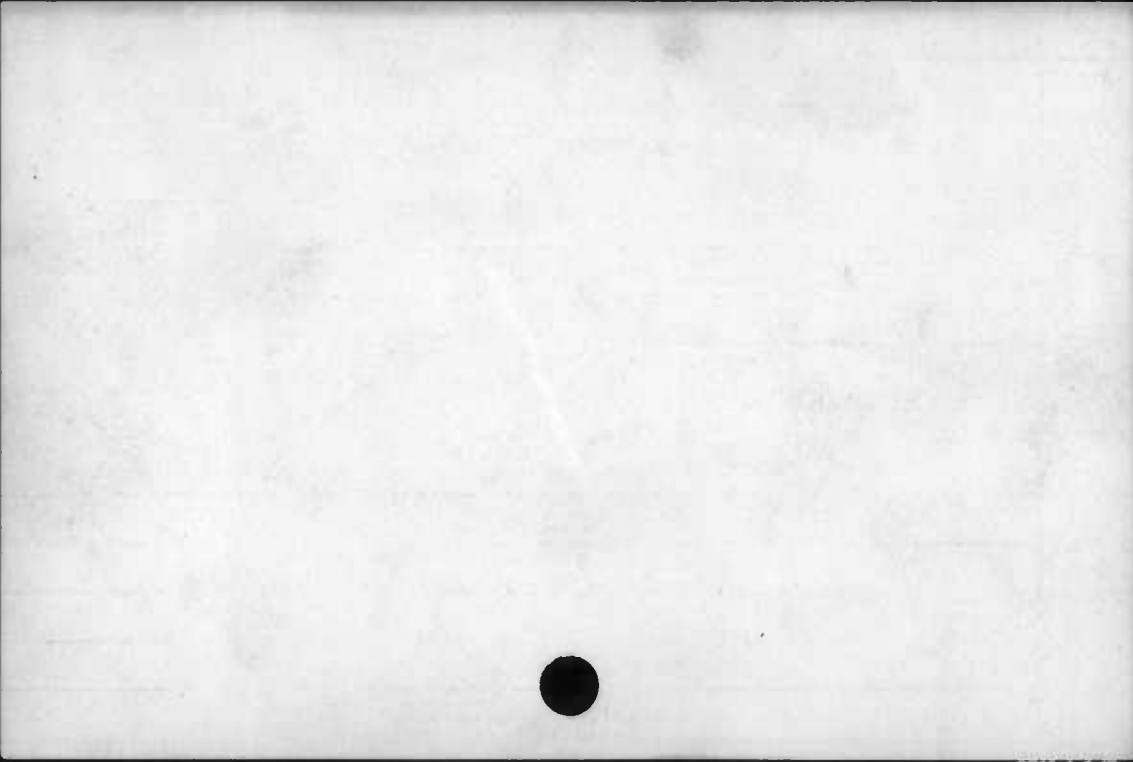
Died at		Town Woodsboro		County Frederick		MARYLAND	
Date of death	1908	Month Nov	Day 4	Age Years	17	Months	1
Sex	male		Color or Race	white		Birth- place	Woodsboro
Occupation	none		Where Residing if not at place of death		Woodsboro		
Married, Single or Widowed	single		Name of Wife or Husband		—		
Father's Name	Edward L Fogle				Father's Birthplace	Woodsboro	
Mother's Maiden Name	Laura V Keeney				Mother's Birthplace	Woodsboro	
Name of person giving In formation	Edward L Fogle				How related to deceased	Father	

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary	Spinal disease		How long	about 15 years
Immediate	Spinal disease + dropsy		How long	about 2 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	R. L. Hammond
			Address	Woodsboro per wife
Accident or Suicide?		Ind.		



Name
in
Full

Corrine Forrest

CERTIFICATE OF DEATH

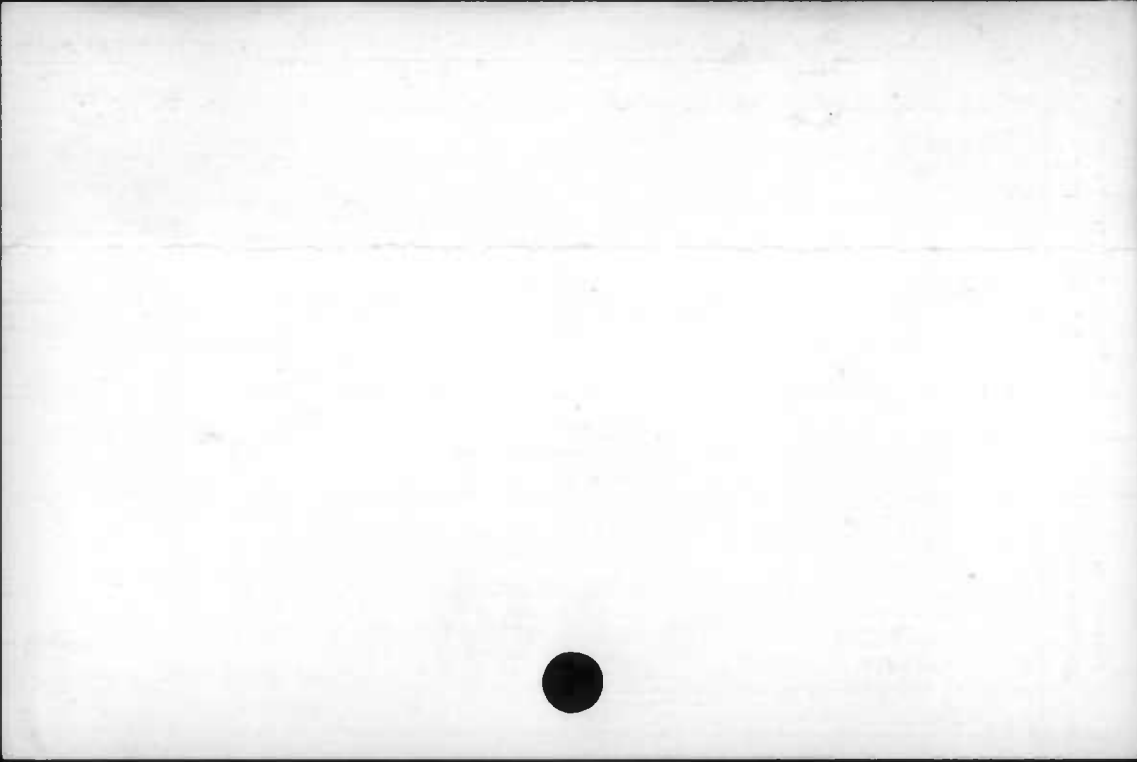
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mountaire Hospital</u> <u>Frederick</u> County		MARYLAND	
Date of death	Month	Day	Years
1908	Nov	10 th	24
Sex	Color or Race	Birth-place	Months
Female	Black	MD	X
Occupation	Where Residing if not at place of death		
Unknown	X		
Married, Single or Widowed	Name of Wife or Husband		
Single	X		
Father's Name	Father's Birthplace		
Unknown	Unknown		
Mother's Maiden Name	Mother's Birthplace		
Unknown	"		
Name of person giving Information	How related to deceased		
Kate Oney	No relation		

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u> <u>Chronic</u>	How long	<u>2 or 3 months</u>
Immediate	<u>General Exhaustion</u>	How long	<u>2 or 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>W. G. Courne M.D.</u>	
as near as could be ascertained		Address	
X		<u>Frederick, MD</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Isaac Hallman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

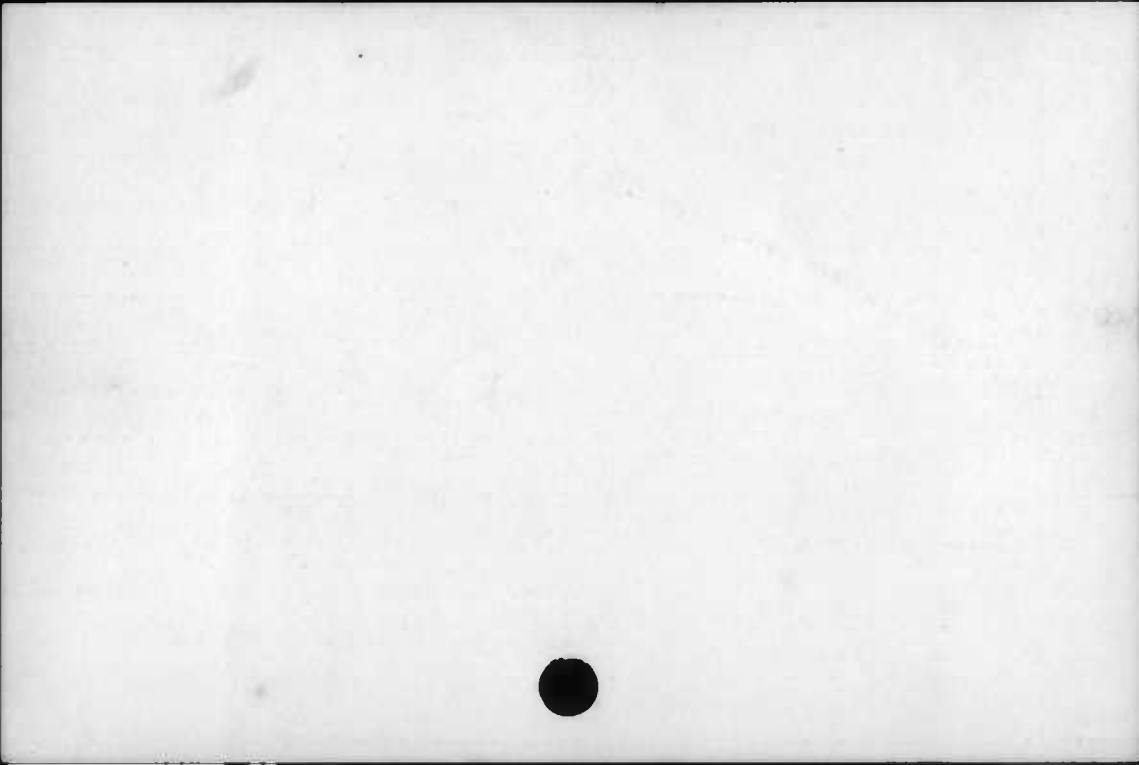
Died at <u>Adamstown</u> <small>Town</small>		<u>Fredenich</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>11</u>	Day <u>10</u>	Age <u>70</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Md.</u>		
Occupation <u>laborer</u>	Where Residing If not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ann Hallman</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Philip Bessler</u>		How related to deceased <u>None</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Chronic Interstitial Nephritis.</u>	<u>year,</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Joseph Thomas,</u>
	Address <u>Adamstown</u>
	<u>Md.</u>
Accident or Suicide?	



Name
in
Full

Anna Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monteville Hospital</i>			County <i>Fresh</i>		MARYLAND	
Date of death	1908	Month 11	Day 25	Age 35	Months	Days
Sex	Male		Color or Race	White		Birth-place
Occupation	None		Where Residing if not at place of death		+	
Married, Single or Widowed	Single		Name of Wife or Husband		X	
Father's Name	John F. Hamilton				Father's Birthplace	None
Mother's Maiden Name	Unknown				Mother's Birthplace	None
Name of person giving information	Mrs Goldsborough, <i>Walthamville, Md</i>				How related to deceased	None

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Chronic Embecile</i>		How long	<i>1 1/2 yrs</i>
Immediate	<i>Inflammation of Bowels.</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>C. F. Goodhue, m.d.</i>
			Address	<i>Friedman, Md</i>
Accident or Suicide?		<i>No</i>		



Name
in
Full

Milton Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

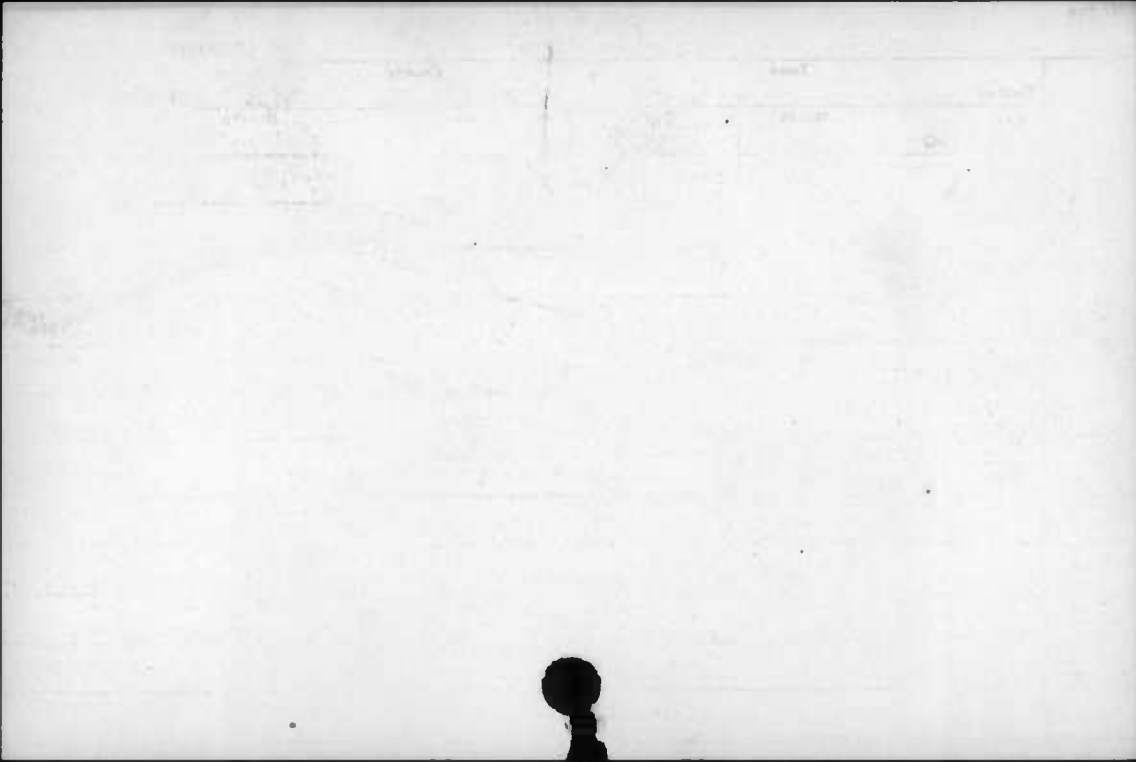
Died at		Town Graceham		County Frederick		MARYLAND	
Date of death	1908	Month 11	Day 15	Age	Years 73	Months 10	Days 1
Sex	Male		Color or Race	White		Birth- place	Md
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Laura Eyles					
Father's Name	David Harbaugh					Father's Birthplace	Md
Mother's Maiden Name	Susan Brown					Mother's Birthplace	Md
Name of person giving In formation	Mrs Cal Young					How related to deceased	Son-in-law

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute bacillus	How long	24 hrs
Immediate	Heart-failure	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Morris A. Baily
		Address	Thurmont Md
Accident or Suicide?			



Name
in
Full

Harry W Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

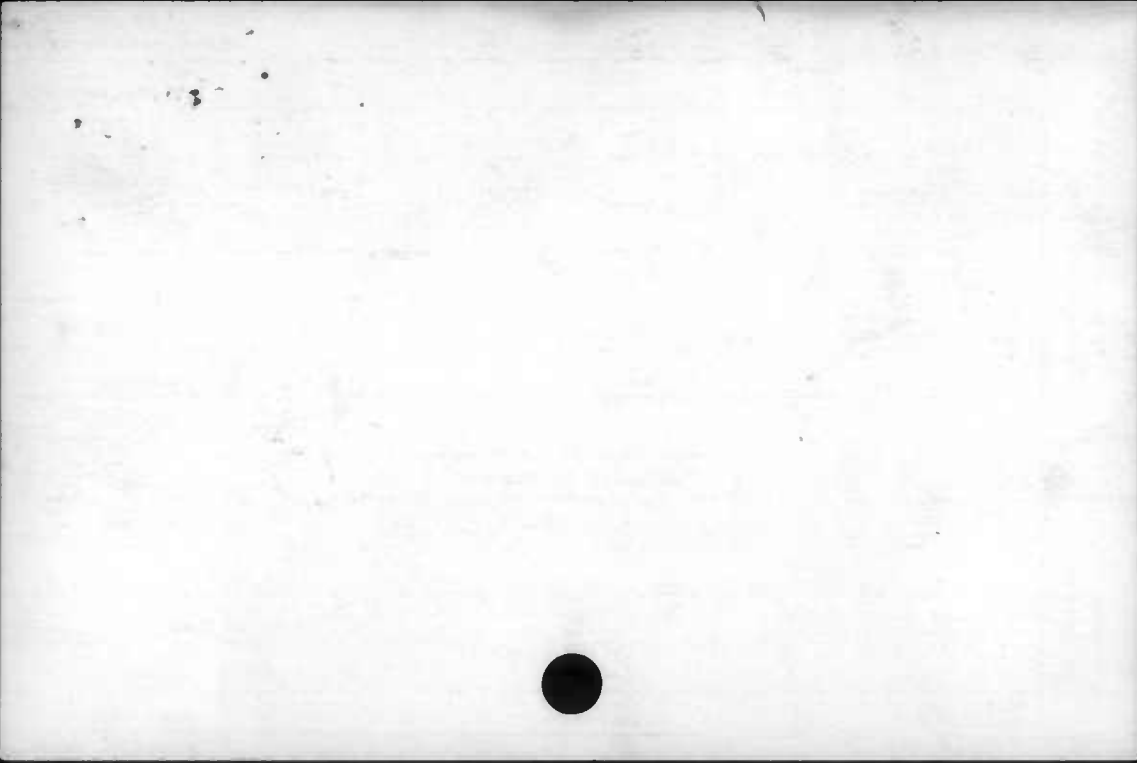
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		Month Mar		Day 15		Age 39	
Sex male		Color or Race white		Birth-place Brunswick MA			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name Thomas L Harper		Father's Birthplace West Va					
Mother's Maiden Name Belia H Meyer		Mother's Birthplace Virginia					
Name of person giving Information Thomas L Harper		How related to deceased Father					

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary Emphysema of lungs		How long 12 hours	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. H. H. H. H.	
		Address Brunswick	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Harris

Town

Monteree Hospital

County

Frederick

MARYLAND

Died at

Date

of death 1908

Month

11

Day

7

Years

71

Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Montgomery Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Solomon Harris

Father's
Name

John Carlin

Father's
Birthplace

Frederick Md

Mother's
Maiden Name

Maria Knott

Mother's
Birthplace

Montgomery Co Md

Name of person giving
information

G F Carlin

How related
to deceased

Nephew

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

General Debility

How long

—

Immediate

Exhaustion

How long

—

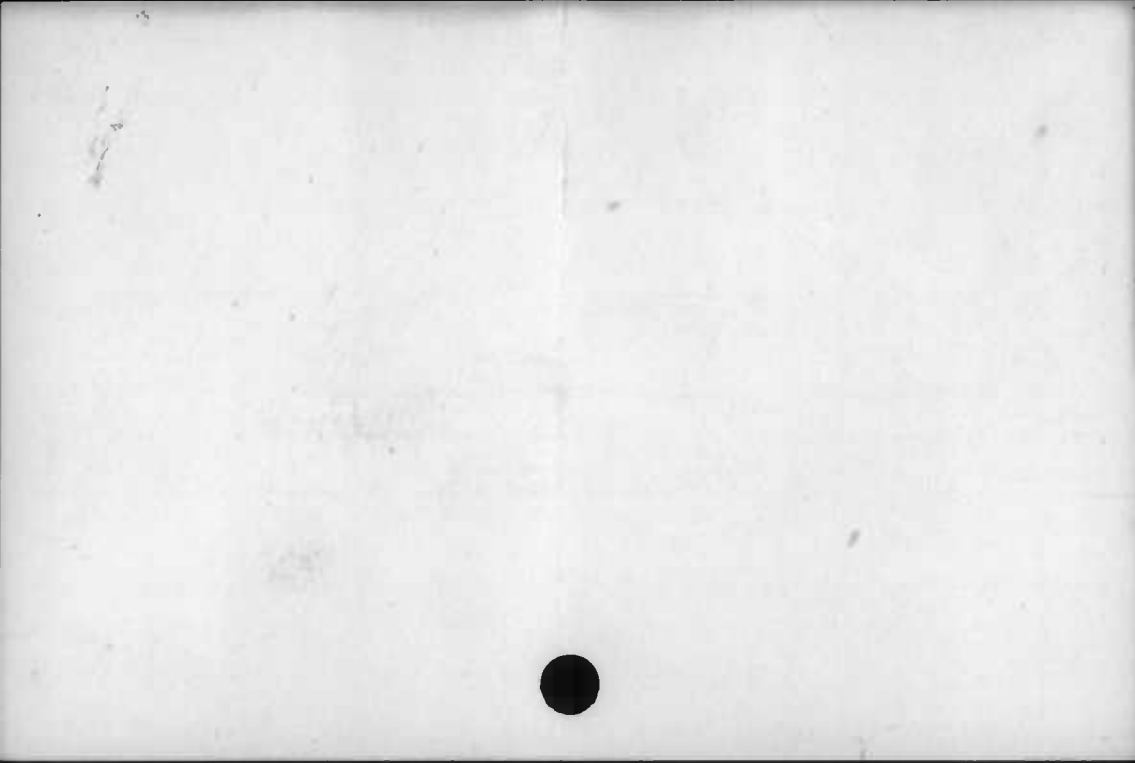
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R S Lyon M D

Address

Frederick Md

Accident or Suicide?



Name
in
Full

Harry Eugene Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elme Hill ^{Town} Frederick ^{County} MARYLAND

Date of death 1908 ^{Month} 11 ^{Day} 25 Age ^{Years} 26 ^{Months} 9 ^{Days} —

Sex Male Color or Race Black Birth-place Frederick Co Md

Occupation Laborer Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Harriet Tyler

Father's Name John Hart Father's Birthplace Baltimore Md

Mother's Maiden Name Caroline Barber Mother's Birthplace Frederick Co Md

Name of person giving Information Harriet Hart How related to deceased Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis ^{How long} 2 years.

Immediate Exhaustion ^{How long}

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide

Interment Nov 28-08

" at St Joseph's Cemetery

Thomas P. Rice F. O.,

Dr Couley,

Dr Routson

Name
in
Full

William H. Herrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pearl</i>		County <i>Fredericks</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>14</i>	Age <i>78</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fredk Co. Md</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herrietta E. Brungle</i>				
Father's Name <i>Peter Herrick</i>	Father's Birthplace <i>F. Co Md</i>				
Mother's Maiden Name <i>Elizabeth Meyer</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Mrs. Herrick</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart disease</i>	How long <i>3 years</i>
Immediate <i>Heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm M. Smith</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide <i>---</i>	

Interment Dec 16 - 1908.

" at Mt. Olivet Cemetery

Thomas P. Rice Jr. & Co.

Dr. Meredith Smith

Dr. Goodell

Dr. McCurdy.

Name
in
Full

Still Born Child Hill

CERTIFICATE OF DEATH

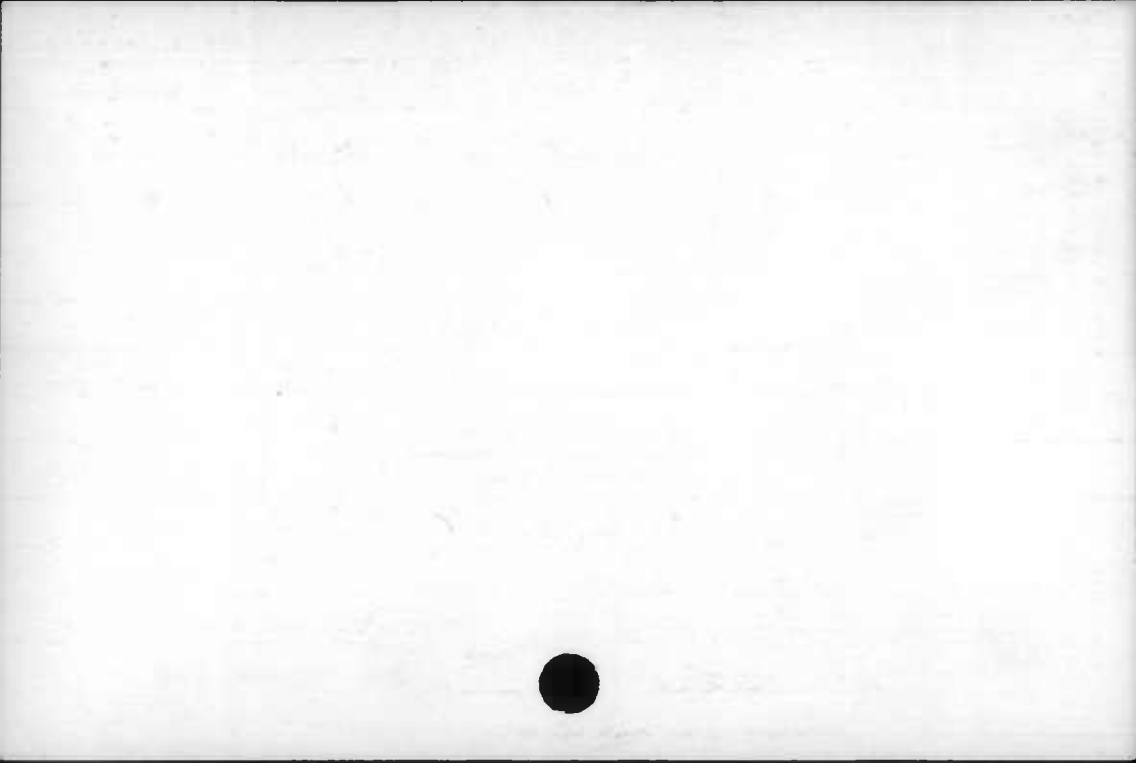
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1908	Month Nov	Day 5	Age —	Months —	Days —
Sex Male		Color or Race Colored		Birth- place Md			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed +		Name of Wife or Husband —					
Father's Name Theodore Hill		Father's Birthplace Md.					
Mother's Maiden Name Jennie Dorsey		Mother's Birthplace Md					
Name of person giving Information Theodore Hill		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long —
Immediate		How long X
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician U.G. Brune MD.
		Address Frederick, Md.
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sabillasville</i>		County <i>Frederick</i>		MARYLAND	
Date of death		1908	Month <i>Nov</i>	Day <i>10</i>	Years <i>28</i>	Months <i>7</i>	Days <i>18</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>2436 Maryland Ave Balt</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>?</i>					
Father's Name <i>W. H. Jones</i>		Father's Birthplace <i>Baltimore, Md</i>					
Mother's Maiden Name <i>Laura A. King</i>		Mother's Birthplace <i>Baltimore, Md</i>					
Name of person giving Information <i>First party, Rex Jones.</i>		How related to deceased <i>Self,</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>5 years</i>
Immediate	<i>Ditto</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Bayard J. Crane M.D.</i>
Accident or Suicide <i>No.</i>		Address <i>State Sanatorium Frederick County</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Daniel F. Kennedy

Town

County

MARYLAND

Died at *Schleyville*

Fredrick

Date of death *1905*

Month *Nov*

Day *11*

Age *66*

Months *—*

Days *—*

Sex *Male*

Color or Race *White*

Birth-place *MD*

Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Mary McLaughlin*

Father's Name *David Kennedy*

Father's Birthplace *MD*

Mother's Maiden Name *Ann E. Smith*

Mother's Birthplace *MD*

Name of person giving Information *Mary Kennedy*

How related to deceased *Wife*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Gastric Ulcer (Carcinoma)*

How long

1 1/2 years

Immediate *Asthma*

How long

6 months

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*D. F. Kennedy -
Fredrick*

Accident or Suicide

bb early—

MO cemetery

11/13 08

over

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Unionville</u> <u>Frank</u> <u>Co.</u>		Town		County		MARYLAND	
Date of death	1908	Month	11	Day	1	Years	
Sex	Male	Color or Race	White	Age		Months	
Birthplace	near Unionville			Days			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Bro Koontz			Father's Birthplace			
Mother's Maiden Name	Elizabeth Kager			Mother's Birthplace			
Name of person giving information	E. H. Hurlin Brown			How related to deceased			

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

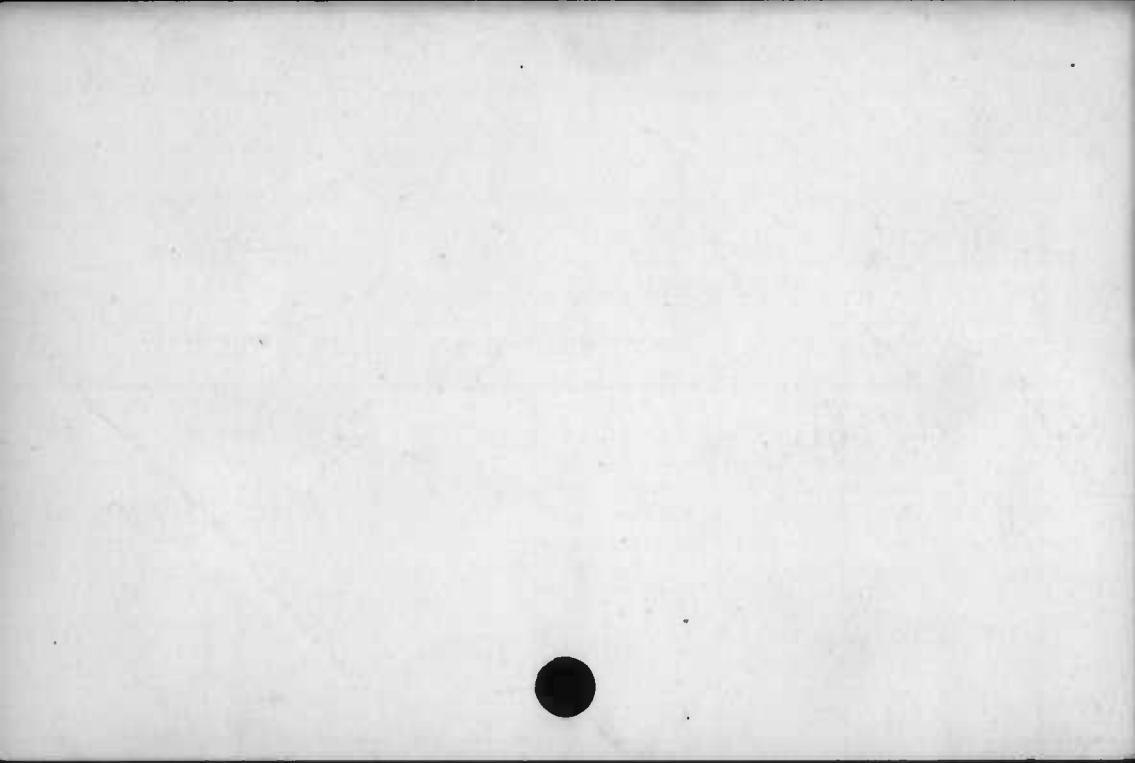
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary W. Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

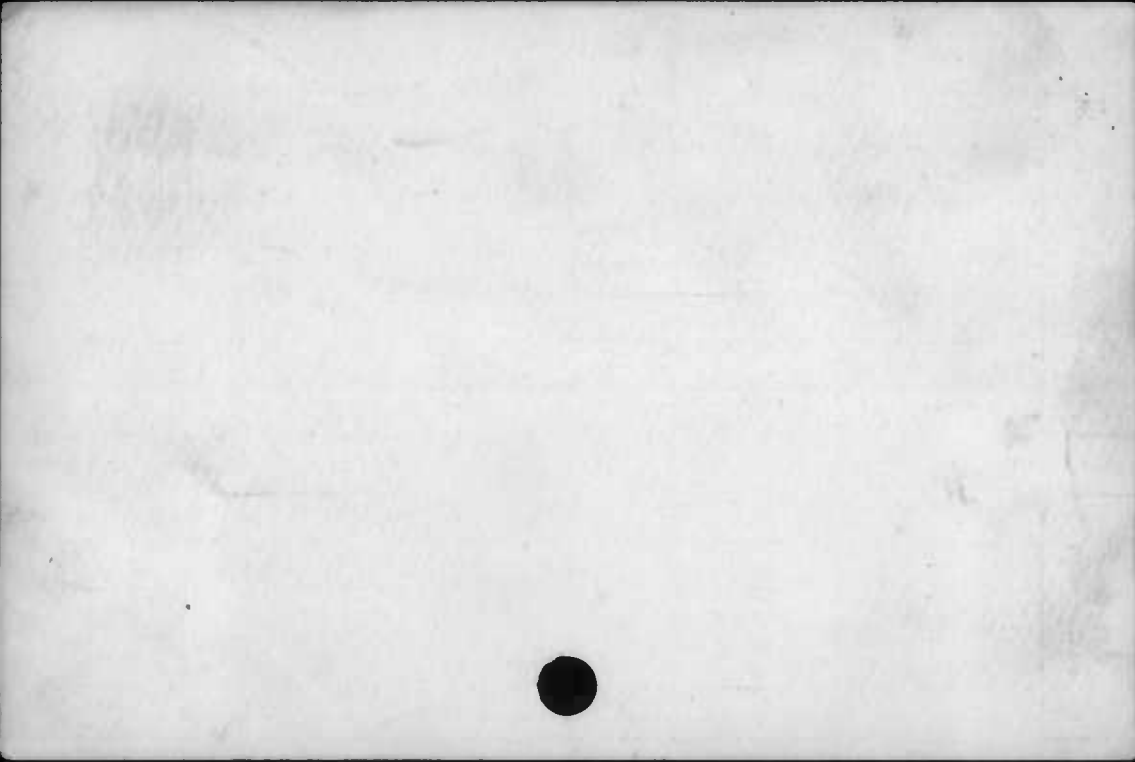
MARYLAND

Died at		near Jefferson		Frederick									
Date of death		1908	Month	Nov	Day	18	Age	Years	91	Months	8	Days	
Sex		Female		Color or Race		white		Birth-place		Md.			
Occupation				Housewife				Where Residing if not at place of death					
Married, Single or Widowed				widowed				Name of Wife or Husband					
Father's Name				David Hines				Father's Birthplace				Md.	
Mother's Maiden Name				Nancy				Mother's Birthplace				Md.	
Name of person giving information				John Lambert				How related to deceased				son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
				Jefferson Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of C. L. Long

Died at *Brunswick* Town *Fredrick* County **MARYLAND**

Date of death 1908 *Nov* Month *11* Day Age *—* Years Months *—* Days *5*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *—* Where Reaiding if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Chas L. Long* Father's Birthplace *N. J.*

Mother's Maiden Name *Gertrude A. Salomone* Mother's Birthplace *—*

Name of person giving Information *Chas L. Long* How related to deceased *Father*

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

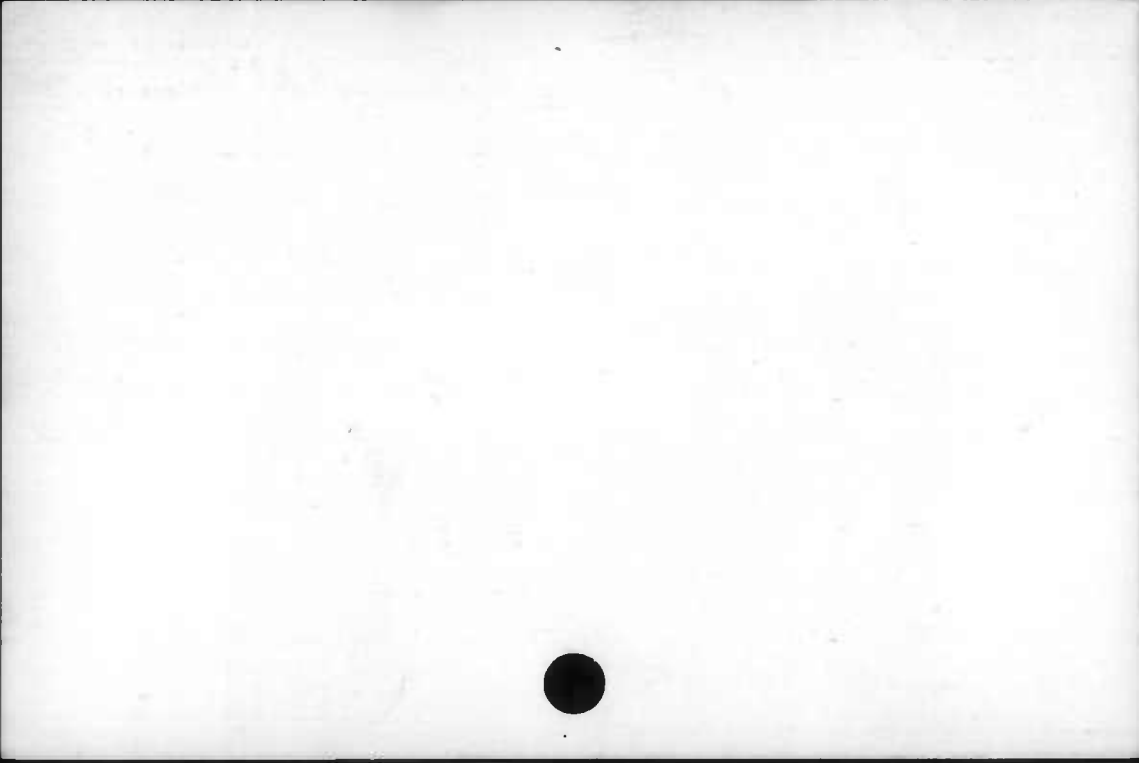
Primary *Congenital Neckmen TT Malformation* How long *5 days*

Immediate *asphyxia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *Levin H. H. H.*

Address *Brunswick Fredrick Co*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

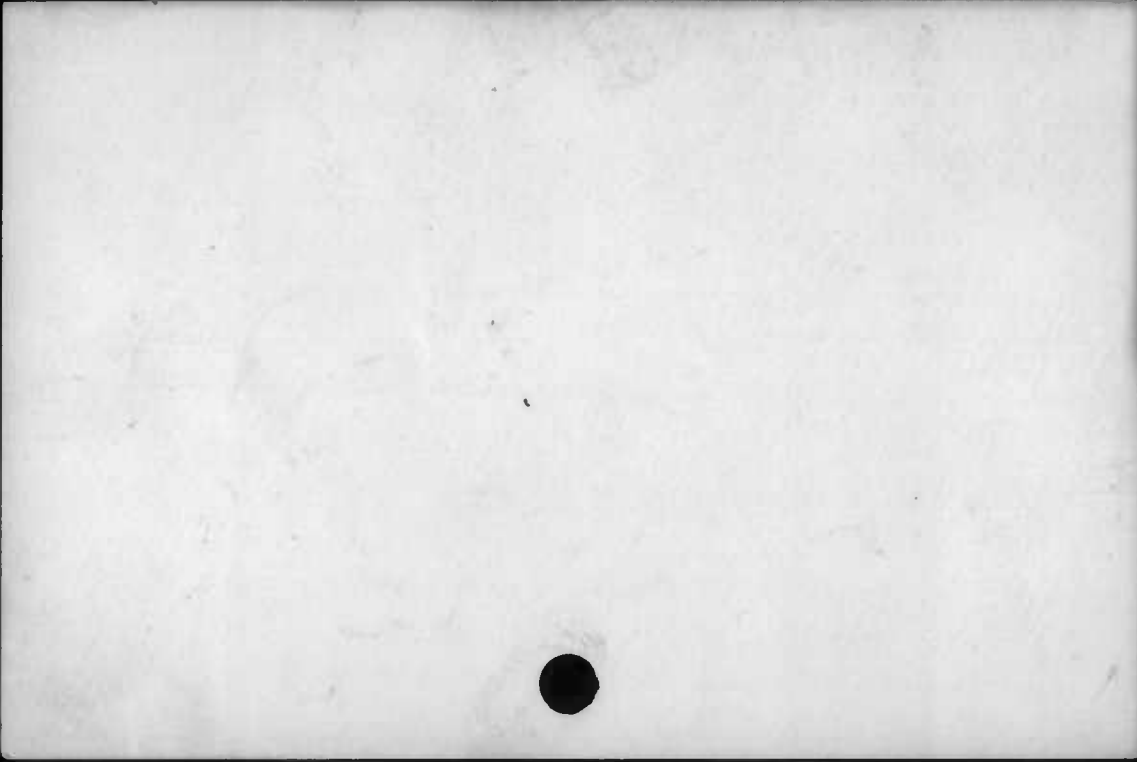
Died at <i>Myersville</i>			County <i>Fredrick</i>			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days		
<i>1908</i>	<i>11</i>	<i>6</i>	<i>81</i>		<i>11</i>	<i>20</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Myersville</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Myersville</i>							
Married, Single or Widowed	Name of Wife or Husband <i>Jacob Maser</i>							
Father's Name <i>Harry Dutrow</i>	Father's Birthplace <i>Myersville</i>							
Mother's Maiden Name <i>Mary Dutrow</i>	Mother's Birthplace <i>Myersville</i>							
Name of person giving information <i>Charles Maser</i>	How related to deceased <i>Son</i>							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Several months</i>
Immediate <i>Pleurisy</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Ralph Baconing</i>
	Address <i>Myersville, Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Raymond W. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick ^{Town} Frederick ^{County} MARYLAND

Date of death 1908 ^{Month} 11 ^{Day} 16 ^{Years} 5 ^{Months} 9 ^{Days} 7

Sex Male Color or Race White Birth-place Frederick

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Alpha Miller Father's Birthplace Montg. Co. Md.

Mother's Maiden Name Minnie E. Hooper Mother's Birthplace Frederick

Name of person giving Information Alpha Miller How related to deceased Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary Cerebral Meningitis How long 4 days

Immediate Same How long 6 hours

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician Sabine

Address 23 E. Church St
Frederick Md.

Accident or Suicide ---

Interment Nov 18 - 1908

" at Mt Olivet Cemetery

Thomas P. Rice F.D.

Dr. Burck.

Dr. McCurdy.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Raleigh Moore

Died at *Brunswick* ^{Town} *Fredrick* ^{County} **MARYLAND**

Date of death 1908 *Nov* ^{Month} *5* ^{Day} Age *—* ^{Years} *—* ^{Months} *12* ^{Days} *hrs.*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Raleigh Moore* Father's Birthplace *md*

Mother's Maiden Name *Dorothy E. Nichols* Mother's Birthplace *md*

Name of person giving Information *Dorothy E. Moore* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature Birth* *md* ^{How long} *—*

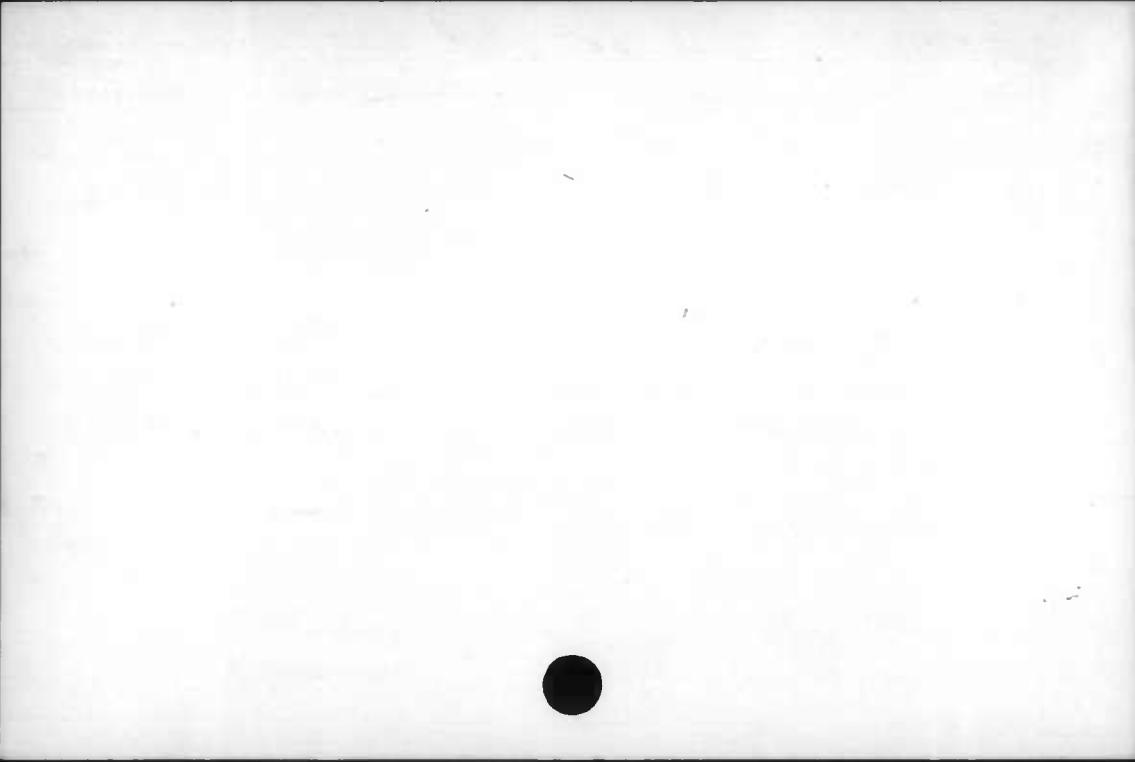
Immediate *—* ^{How long} *12 hrs.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Levin Hart*

Address *Brunswick*
Fredrick Co.

Accident or Suicide



Name
in
Full

Infant of Raleigh Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

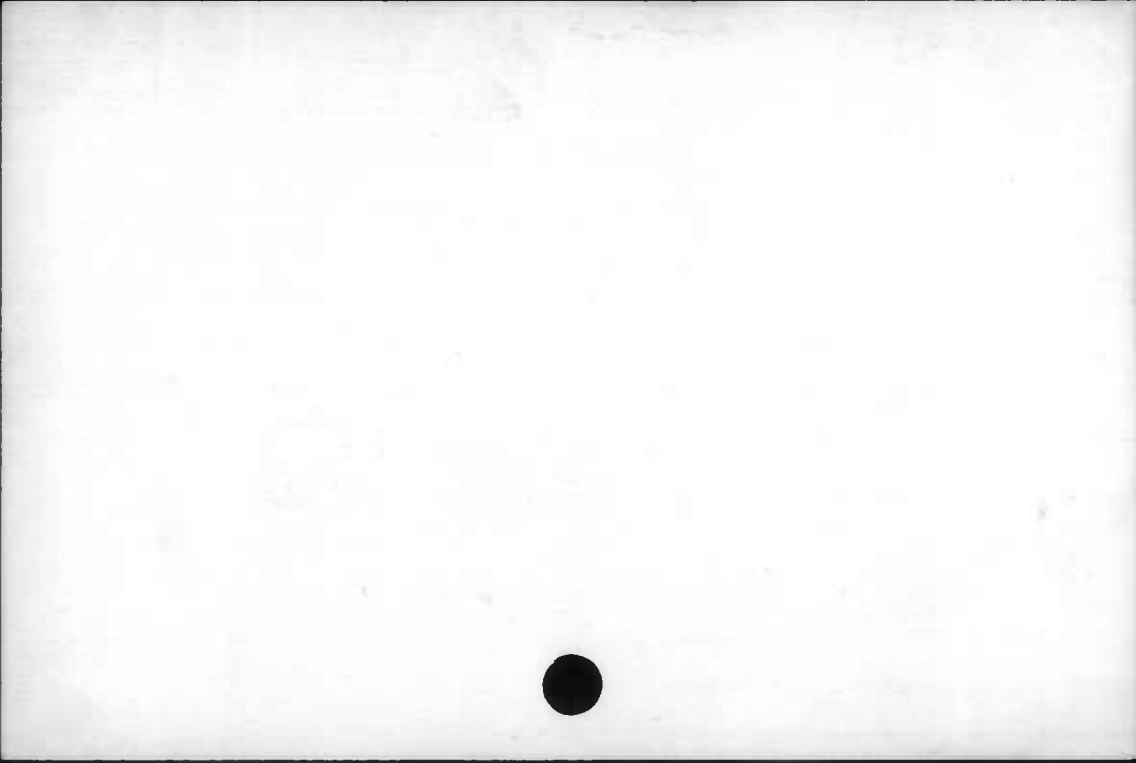
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1908	Month Apr	Day 5	Age —	Years —	Months —
Sex male		Color or Race white		Birth-place md		Days — 1/2 hr	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Name of Wife or Husband —					
Father's Name		Raleigh Moore				Father's Birthplace md	
Mother's Maiden Name		Sarah E. Michaels				Mother's Birthplace md	
Name of person giving Information		Sarah E. Moore				How related to deceased mother	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		Spontaneous death		How long	
Immediate		Still birth		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
Brunswick		Address		Lerin West Frederick Co	
Accident or Suicide					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

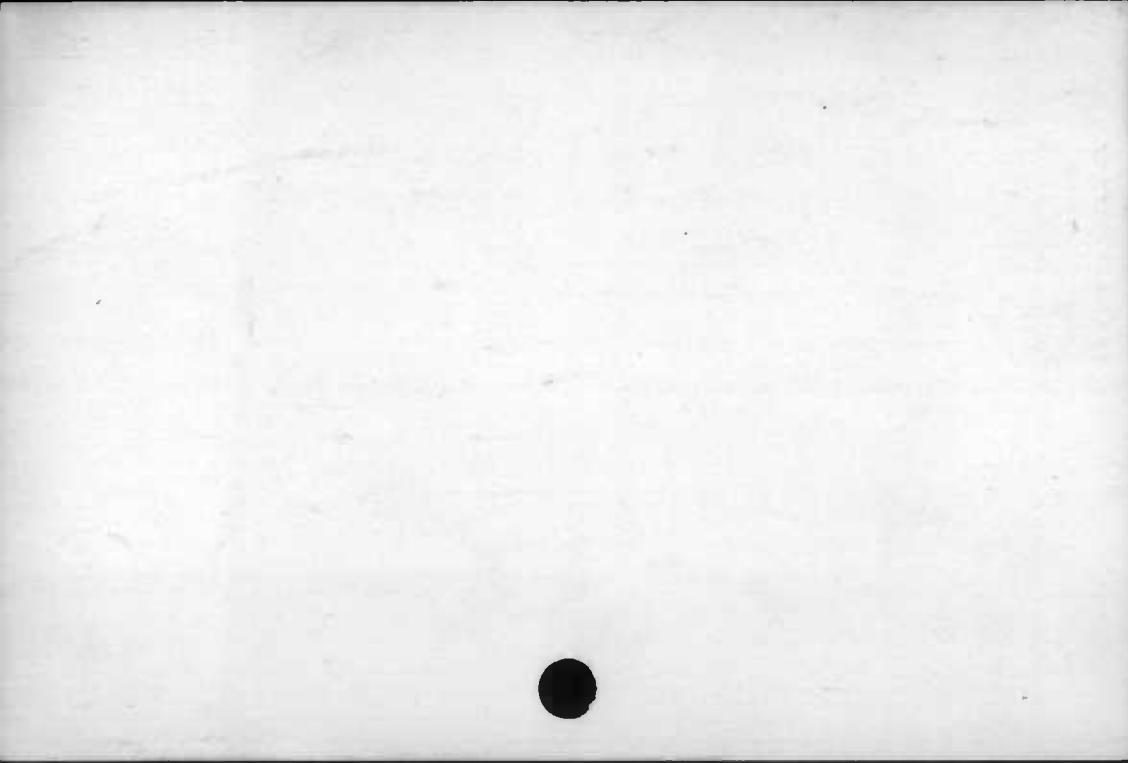
Died at <i>Mar Midleton</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1908	Month	Nov	Day	19	Age	81
						Years	81
						Months	4
						Days	29
Sex	Male		Color or Race	White		Birth-place	Frederick Co Md
Occupation	Blacksmith		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Ann Rebecca Gorman			
Father's Name	John Poffenberger					Father's Birthplace	Frederick Co Md
Mother's Maiden Name	Mary Ann Poffenberger					Mother's Birthplace	Frederick Co Md
Name of person giving information	Mrs Kate S. S. S.					How related to deceased	Daughter

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Age + debility	How long	Several years
Immediate	Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. S. S. S.	
Address		Frederick Co Md	
Accident or Suicide?			



Name
in
Full

Susan Rebecca Rimhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

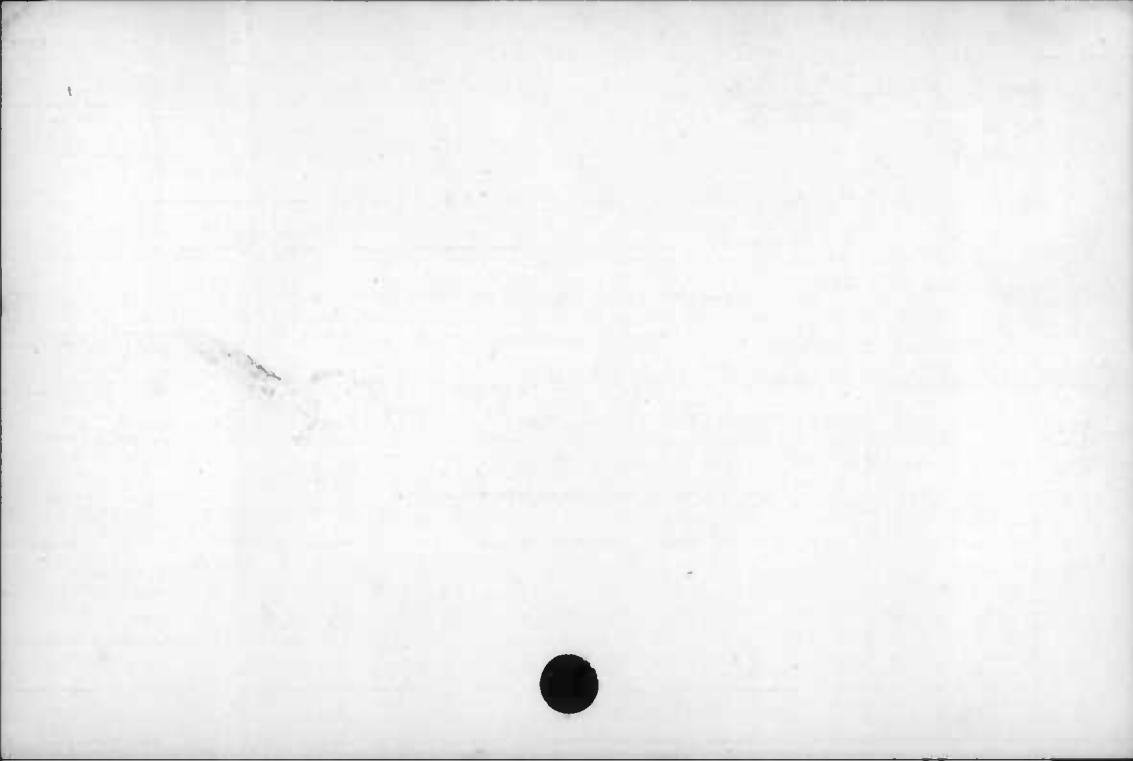
Died at		Town <i>near Monrovia</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1908	Month 11	Day 23 rd	Age	Years 59	Months 7	Days 20
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Fredrick Co. Md.</i>
Occupation	<i>Milliner</i>			Where Residing if not at place of death		<i>Philadelphia Pa</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Andrew Rimhart</i>					Father's Birthplace	<i>Fredrick Co. Md.</i>
Mother's Maiden Name	<i>Rebecca Hilton</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Miss Ida Rimhart</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>seven hours.</i>
Immediate	<i>Coma.</i>	How long	<i>six hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>George H. Riggs M.D.</i>
		Address	<i>Diamond M.D.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>8</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Med</i>		Months <i>—</i>	
Occupation <i>Hostler</i>		Where Residing if not at place of death <i>Farmington Md</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Stevens</i>		Father's Name <i>John Rowe</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Elizabeth Jones</i>		Mother's Birthplace <i>"</i>		Name of person giving Information <i>C. O. Russ</i>		How related to deceased <i>Friend</i>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Gastroenteritis for carcinoma</i>	How long <i>2 or 3 days</i>
Immediate <i>Pneumonia</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Johnson</i>
	Address <i>Fredericks Md</i>
Accident or Suicide <i>—</i>	

Interment Nov 10 - 08
" at Faneystown Med.
Thomas P. Rice

Dr T. B. Johnson

Dr McQuerry

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

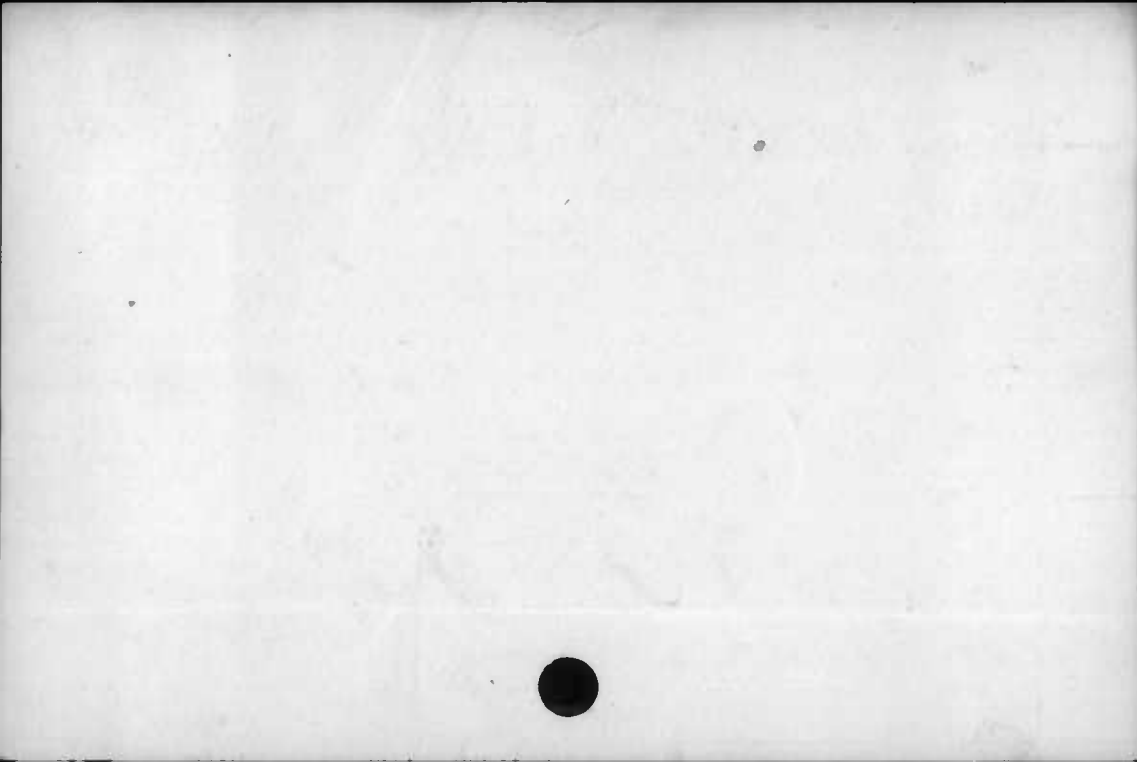
Name in Full John Joseph Seiss		Town Rocky Ridge		County Sedwick		STATE MARYLAND	
Died at Rocky Ridge		Month Nov		Day 2		Years 34	
Date of death 1908		Months —		Days —			
Sex Male		Color or Race White		Birth-place Cumberland			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Iva Seiss					
Father's Name Orlonda Seiss		Father's Birthplace Cumberland					
Mother's Maiden Name Lydia Honce		Mother's Birthplace Cumberland					
Name of person giving information Iva Seiss		How related to deceased Wife					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis	How long Ten years
Immediate Uremia (Coma)	How long 36 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Brooks J. Jamison
	Address Emmitsburg, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Edward Shaper</i>		Town <i>Middletown</i>		County <i>Frederick</i>		MARYLAND					
Died at <i>Nov</i>		Month <i>Nov</i>		Day <i>5</i>		Years <i>61</i>		Months <i>4</i>		Days <i>6</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>5</i>		Age <i>61</i>		Months <i>4</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Fredericks Co Ind</i>							
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Laura Keller</i>									
Father's Name <i>John R Shaper</i>		Father's Birthplace <i>Ind</i>									
Mother's Maiden Name <i>Mary C Routhaler</i>		Mother's Birthplace <i>Ind</i>									
Name of person giving Information <i>Leslie Shaper</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Gangrene due to thrombosis</i>	How long <i>10 weeks</i>
Immediate <i>Paralysis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E L Beckley</i>
	Address <i>Middletown</i>
	<i>Ind</i>
Accident or Suicide?	



Name
in
Full

Carr E. Shank.

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Woodshoro ^{County} Fred

Date of death 1908 11 21 Age 39 Months 4 Days 10

Sex Male Color or Race White Birthplace Woodshoro.

Occupation Mechanic Where Residing if not at place of death Woodshoro. Md.

Married, Single or Widowed Married Name of Wife or Husband Margarette Warner

Father's Name Michael Shank Father's Birthplace Woodshoro.

Mother's Maiden Name Eva Crum Mother's Birthplace 11

Name of person giving information Margarette Warner How related to deceased wife.

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis. How long 8 yrs.

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? Yes

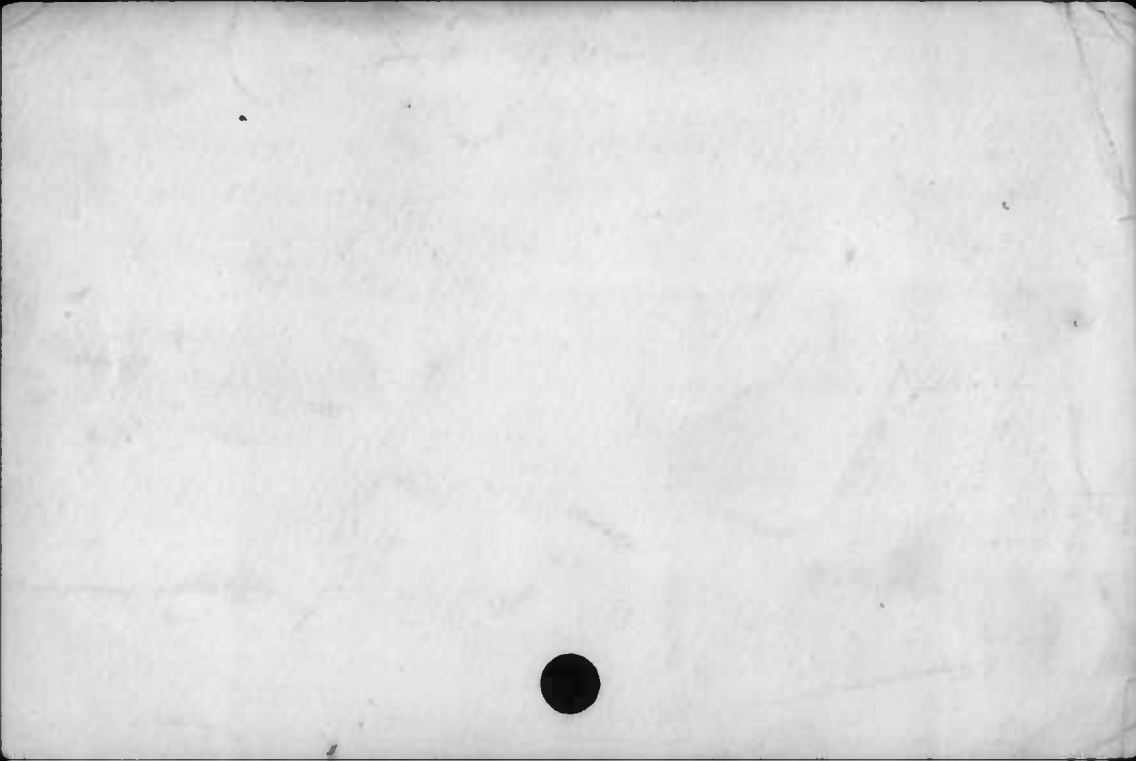
Signature of Physician

Address

J. W. Stabile
Woodshoro. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George E. Sier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keenstown</i> <small>Town</small>		<i>Fredricks</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>11</i>	Day <i>23</i>	Age <i>4</i>	Years <i>5</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fred. Co. Md</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband —			
Father's Name <i>Odie D. Sier</i>		Father's Birthplace <i>Fred. Co. Md</i>			
Mother's Maiden Name <i>Cora Raines</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Upton Sier</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Bronchitis

Immediate

Croup

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

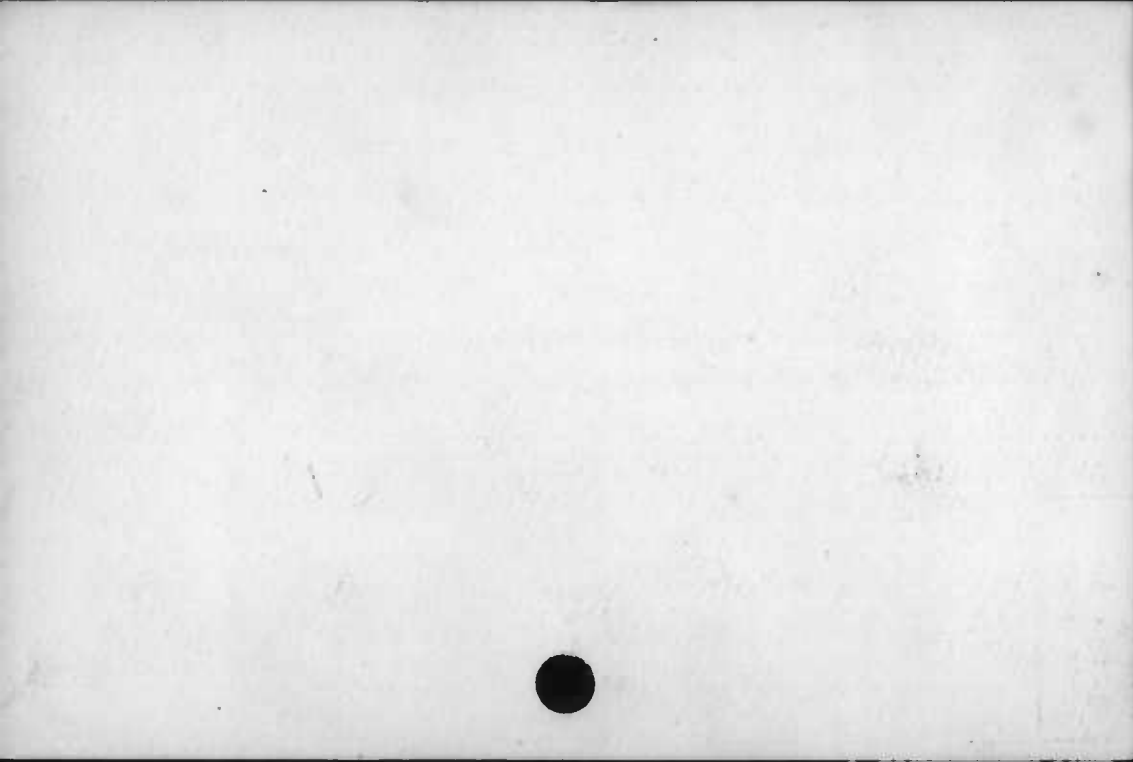
H H Hopkins

Address

*New Market
Md*

Accident or Suicide?

no



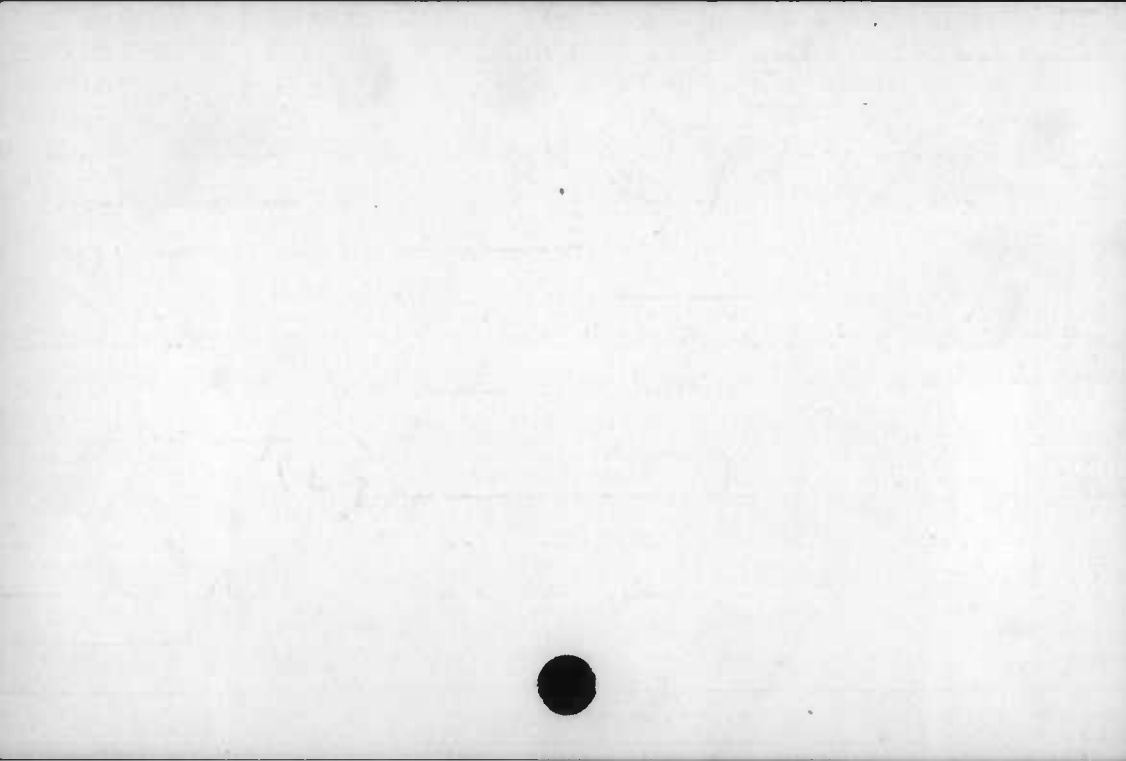
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Pearly M. Sowers</i>		Town <i>Burkittsville</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>12</i>	
Age <i>16</i>		Years <i>16</i>		Months <i>5</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Burkittsville</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Kerly Sowers</i>		Father's Birthplace <i>Fred. Co.</i>					
Mother's Maiden Name <i>Belle Mentzer</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Kerly Sowers</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George Yonker</i>	
		Address <i>Burkittsville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Sprankle*

Died at *Emmitsburg* ^{Town} *Frederick* ^{County} *MARYLAND*

Date of death *1908* ^{Month} *11* ^{Day} *16* ^{Years} *87* ^{Months} *11* ^{Days} *10*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Laborer* Where Residing if not at place of death *Same as above*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mary Sprankle*

Father's Name *Geo Sprankle* Father's Birthplace *Pa*

Mother's Maiden Name *Mary Bird* Mother's Birthplace *Pa*

Name of person giving information *wife* How related to deceased *wife*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Dilatation of the Heart* How long *3 yrs*

Immediate *Pulmonary Congestion* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. L. Jamison*

Address *Emmitsburg, Md*

Accident or Suicide?

NOTE: this card was microfilmed under
Dorchester Co. not w/ FR on microfilm.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i>		Town		<i>Fredrick</i>		County	
Date of death	<i>1904</i>	Month	<i>November</i>	Day	<i>25</i>	Age	<i>—</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Middletown</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>John P. Younkkins</i>					Father's Birthplace	<i>Middletown</i>
Mother's Maiden Name	<i>Ester Younkkins</i>					Mother's Birthplace	<i>Burkittsville</i>
Name of person giving information	<i>R. S. Keyfander</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Septicemia cause unknown</i>	How long	<i>10 days</i>
Immediate	<i>Spasms</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. H. Poole</i>	
<i>yes</i>		Address <i>Burkittsville</i>	
Accident or Suicide?		<i>—</i>	

